BAY AREA

HEALTH LIBERATION NEWS

ISSUE 7 - JUNE

SPECIAL AMA ISSUE

25¢ a copy

medical committee for human rights
bay area chapter
p.o. box 7677
san francisco, ca. 94119

CRIMES of the AMA

The AMA is opposed to a national program for decent health care. Such a program—with 6 points—is being proposed by a coalition of 19 Bay Area community and health worker organizations. How has the AMA fought against the principles of good health care put forth by this coalition?

We want free, easily accessible health care for everyone supported by progressive taxation. The AMA is against free health care . . . it continues to strongly endorse the idea of free enterprise medicine. That means that health care is bought and sold on the marketplace. If you can afford it, you can buy it; if not, too bad.

There is one partial exception to the AMA's free enterprise philosophy: Medicredit. Medicredit is a bill in Congress, written and sponsored by the AMA, by which the government would help pay for the health care of poor and near-poor people. The AMA wants care for poor people subsidized so that doctors can make money taking care of the poor. However, Medicredit will by no means make care free for poor people; it does not pay for dental care, eye glasses, mental health, ambulance and drugs. Also, poor families would be required to pay the first $50 of hospital bills and up to $100 of doctor bills. Thus Medicredit is far worse for the poor than the present Medi-Cal program.

Thus Medicredit is really a step backward. It looks positive on the surface, but in reality it is not unlike the AMA's 40-year, multi-million dollar campaign to stop any type of governmental health insurance.

The AMA has also done nothing to make care accessible in every community. One great reason why care is hard to find is that the U.S. is at least 50,000 doctors short. The AMA is still the principal cause of the doctor shortage. Between 1904 and 1922 the AMA closed over 70 medical schools because of poor quality. The number of doctors dropped from 157/100,000 population in 1900 to 125/100,000 in 1930. Throughout the 1930's the AMA worked hard to limit the number of doctors by visiting 89 medical schools and convincing them to decrease their admissions. Between 1933 and 1939, the AMA succeeded in reducing acceptances to medical schools by 18%. In the 1940's and '50's, medical schools needed government money to increase their production of doctors. Between 1946 and 1950 the AMA vigorously fought government aid to medical schools and blocked the passage of aid bills. Through 1968 the AMA has reluctantly supported construction grants to medical schools but has opposed student loans and operational grants to schools. In the past few years, because the AMA position has become so embarrassing, the organization has stopped opposing these measures. However, the present doctor shortage—which will continue for many years—is a direct result of AMA actions of the past 70 years.

In addition to the doctor shortage, there is a

next page

MCHR CALENDAR OF EVENTS

Sunday – June 18

11 AM. LEAFLET the registering delegates at Civic Center.
12 NOON. RALLY at Civic Center.
1 PM. MARCH to Hilton Hotel for informational picket at house of delegates (governing body of AMA)
3 PM. WORKSHOPS at Glide Church to plan rest of week.

June 19 - 22

Various other actions at the AMA convention including MCHR's collection of money from AMA delegates for Medical Aid to IndoChina. If you want to help with these actions, call the MCHR office: 824-5888.

Thursday – July 13 – 7:30 PM.

General meeting on Methadone Maintenance—part of the problem or part of the solution? 588 Capp St. (between 20-21 Sts.) –MCHR office.

MCHR MEMBERSHIP

Please clip and return to MCHR, P.O. Box 7677, S.F. CA 94119

Name _____

Address _____

City _____ State _____

Zip _____ Phone _____

Job _____ Where? _____

☐ I would like to join MCHR. Enclosed are dues of $_____.

☐ I am making a contribution of $ to MCHR.

☐ I pledge $_____ each month to MCHR, beginning _____

FAIR SHARE DUES SCHEDULE
(please check proper box)

INCOME	% OF INCOME	CONTRIBUTION
up to $5,000	.1%	$8 ____
up to $10,000	.2%	$10-20 ____
up to $15,000	.3%	$30-45 ____
up to $20,000	.4%	$60-80 ____
above $20,000	.5%	$100 up ____

☐ I would only like to subscribe to Health Liberation News. Here's $3.

☐ I would only like to subscribe to Health Rights News. Here's $5.

☐ I would like more information on MCHR's _____ project.

Dues and contributions are tax-exempt.

Non-Profit
Organization
U.S. Postage
PAID
permit no.9641
San Francisco
California

Medical Committee for Human Rights
Bay Area Chapter
P.O. Box 7677 San Francisco, CA 94119

Crimes of the AMA (contd)

gross maldistribution of doctors in the country, with little or no care available in many rural areas and ghettos. In order to solve this problem, we must have a massive program to require doctors to serve in deprived areas. At the 1971 House of Delegates meeting, however, the AMA passed a resolution confirming the "right of the physician to choose whom he will serve and the conditions under which he will render service." This means that the doctor's desires, not society's needs, will determine where a doctor will practice. As long as the AMA has its way, the maldistribution of doctors will continue.

We want all health institutions to be controlled by democratically chosen boards of health workers, patients and community representatives. The AMA is totally opposed to community/worker control. The AMA wants doctors to control every aspect of health care. The AMA has tried to get doctor majorities on health planning councils and insists that any regulation of quality of care be done solely by other doctors (peer review). In certain parts of the country, such as Bolivar County, Mississippi, the county and state medical societies (the local counterparts to the AMA) have opposed the setting up of community run clinics.

We want an end to profit making in health care. The AMA believes that profit making should be encouraged in the health care system. The clearest examples are its views on doctor fees and on drug companies.

Doctors' median income is over $40,000 per year, and has been rising at over 6% per year. Generally, doctors get together in their county medical societies and decide to raise fees. The doctor-run Blue Shield pays any fee the doctors ask for. Under Medicare, doctors forced the government to pay them any fee they asked for—consequently 5000 doctors earn over $25,000 each year from Medicare (including 30 trustees and officials of the AMA) and many doctors have made over $100,000 in one year from Medicare. Because doctors get more money for doing more treatments and more operations, there is twice as much surgery in the U.S. than is needed. Ralph Nader has estimated that 10,000 people die each year in the U.S. as a result of unnecessary surgery. Much of this surgery is hysterectomies.

When Nixon imposed the wage-price freeze in 1971, doctors' fees were limited to a 2.5% increase each year. The AMA has yelled and screamed that the government is discriminating against doctors (who are the highest paid occupation in the country.)

Besides doctors, the greatest health profit makers in the U.S. are drug companies. The AMA totally supports the profit making of drug companies, and the drug industry paid the AMA $11 million last year (1/3 of the AMA's budget) to keep it that way. The AMA has a scandalous record of opposing all government controls over drug companies. In the last two years, the AMA refused to oppose the use of amphetamines (which are of no value except to profit drug companies) and has opposed the Food and Drug Administration's attempt to curb combination drugs (which are unnecessary, more dangerous and more profitable than single-chemical drugs). The AMA Journal has carried ads for drugs (Norlutin, PreeMT,Lincocin, for example) that have serious side effects, yet the ads say nothing about those side effects. The journal has also refused to print scientific articles critical of the drug industry. AMA Executive Vice-President Ernest Howard recently said before a Senate committee that it is unreasonable to require drug advertisers to tell "the whole truth and nothing but the truth."

We want preventive medicine, not just emergency care. The AMA has grossly ignored preventive medicine and on several occasions has fought against preventive medicine programs. The AMA has opposed mass X-ray screening for TB and lung cancer, has opposed government

"Stick out your wallet."

VD clinics, has opposed infant health clinics, and has opposed mass immunization. In 1938 the AMA fought government research on a polio vaccine and in 1955 the AMA opposed the distribution of polio vaccine except through fee-charging doctors' offices. Many children died in a 1956 polio epidemic because of the AMA's opposition to free public distribution of vaccine the year before.

The AMA has done nothing meaningful about the 15,000 yearly work-related deaths and 3 million industrial illnesses and injuries.

In 1964 the AMA opposed health warnings on cigarette packages. The AMA had made deals with tobacco companies to get tobacco state congressmen to vote against Medicare. Shortly thereafter, the tobacco industry gave the AMA $10 million.

In the field of nutrition, the AMA position is clearly shown by the Mississippi Medical Association's testimony before the recent Senate subcommittee on nutrition: "Nutritional diseases are not observed with sufficient frequency to constitute a major health problem." At the same time, out-of-state doctors were finding poor nutrition rampant in kids, including one head-start program with 81% of the children anemic from poor food. Clearly, Mississippi doctors never see poor people, so they haven't noticed malnutrition.

We want an end to race, sex and class discrimination in health jobs and in health care. Medical societies in the south refused to admit black doctors until the Medical Committee for Human Rights forced the AMA to take a stand in 1968. The AMA has exerted no firm pressure on medical schools to preferentially admit minorities and women.

The AMA does support federal funds to poverty clinics (as long as few private doctors are in the area that the clinics might compete with). However, the free enterprise system is leading more doctors to leave rural areas and ghettos than government programs have brought in. Dr. Long, head of a progressive AMA committee on health care for the poor, was defeated for the AMA presidency in 1970 and his committee was disbanded.

The AMA has a terrible record on women's health issues. From 1920 through 1949 the AMA vigorously opposed maternal and infant clinics as "wasteful and extravagant, unproductive of results and tending to promote communism." In 1969 the AMA House of Delegates refused to support abortion on demand. And in 1971 the delegates, though encouraging contraception for teen-agers, said that "definite efforts should be made to obtain consent from a minor's parents." How can unmarried women trust doctors with such attitudes?

We want the AMA to support the 7-point peace plan of the PRG to end the war. The AMA is one of the biggest lobbyists and campaign contributors in the country. AMA's lobbying is done through the American Medical Political Action Committee (AMPAC), whose directors are chosen by the AMA trustees. One AMPAC director stated publicly that "We are out to elect conservatives."—i.e. politicians who support the war. In 1968, AMPAC gave Nixon $2.5 million. In the typical election year, the AMA and AMPAC can be expected to spend about $5 million in lobbying.

The AMA, then, continues to be a major barrier to decent health care in America and to ending the Indochinese war. Health workers should protest the AMA's policies on local, state and national levels, and doctors should refuse to join the AMA. The AMA is so undemocratic that no reform can be expected from within. Presidents of county and state medical societies choose committees to nominate all officers and delegates of the AMA, so that every elected official will tend to agree with every other elected official.

At present, only 50% of all U.S. physicians are dues-paying members of the AMA. After the AMA becomes sufficiently weak, the time might be ripe to take it over. For the present, doctors should boycott the AMA and all health workers should expose the AMA's part in preventing decent health care for all people.

—by Tom Bodenheimer

Recommended readings on the AMA: Richard Harris, *A Sacred Trust,* 1966; Ed Cray, *In Failing Health,* 1970; and Elton Rayack, *Professional Power and American Medicine* 1967.

"I challenge the speaker's charge that we have one health care system for the rich and another for the poor. To us, there are no poor!"

PERMANENT BRAIN-WASHING AS A SOLUTION TO DISSENT?

DOES AMA SILENCE MEAN ASSENT?

June 9, 1972

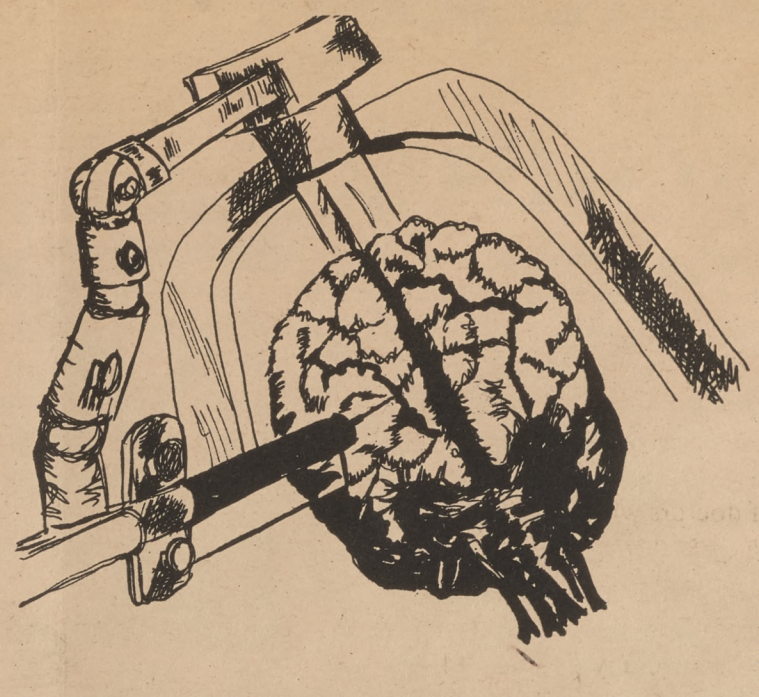
Dr. Walter "Ice-pick" Freeman, father of the pre-frontal lobotomy, is dead but psychosurgery is showing new signs of life. The old operation was crude but quick and in the blink of an eye reduced troublesome patients on the back wards of our state mental institutions to placid, permanently blunted creatures who were much easier and cheaper to take care of. That was two or three decades ago and involved the brains of some 50,000 human beings.

In time pre-frontal lobotomy got a bad name and was abandoned for the new miracle drugs, the tranquillizers. Now, twenty years later, psychosurgery has reappeared with some refinements (stereotaxic apparatus, electric cautery, ultra-sound, etc.) and with new fields to conquer: the depressed and anxiety ridden housewife, the obsessive-compulsive neurotic, the "hyperkinetic" child and the so-called "violence-prone" prisoners confined to the maximum security wings of our state prisons.

Last November several members of the San Francisco-Bay Area Chapter of the Medical Committee for Human Rights (MCHR) discovered that brain surgery, i.e., bilateral amygdalotomy, was being arranged by the California Department of Corrections as a means of pacifying selected "difficult" prisoners. They were to be drawn from the euphemistically named "Adjustment Centers," which hold 800 men, mostly black and brown. Placed under indeterminate sentence, these men have been labeled as the "militant revolutionaries" and the "violent-prone" by the director of corrections, Mr. Ray Procunier. These men would be transferred to the new Lister Unit of 84 super-security "tiger cages" at the Vacaville Medical Facility where the sorting out process was to take place. When MCHR and others exposed this program the public outcry was such that the Department of Corrections hastily announced that its plans for brain surgery on prisoners had been abandoned "for the present."

In March members of MCHR carried its campaign to Houston, Texas where the Houston Neurological Society and the University of Texas Medical School had scheduled a symposium on "The Neural Bases of Violence and Aggression." Dr. Peter Breggin, a member of the Washington Chapter of MCHR, was given a place on the program at our insistence and he made a frontal attack on those neurosurgeons who were committing "little murders" by "mutilating the highest evolutionary organ in the human being." It became clear at the meeting that the attack on the limbic systems of hundreds of patients in this country was well under way. Later, our initial concern that brain surgery would attract the interest of prison authorities seeking the most potent and permanent "behavior modification" techniques (which might conceivably be used against political prisoners as well as others) was heightened by the discovery that two prominent proponents of the thesis that violent behavior must perforce be due to a "brain disorder" (Drs. Ervin and Mark of MGH, Boston) had obtained a grant through the Justice Department under the Law Enforcement Assistance Act to pursue their surgical remedy for violence.

In the midst of these ominous developments the silence of the AMA with one of the most powerful lobbies in Washington has been thunderous.



raphic/Sheila Gropper

FARM WORKERS FACE INJURY AND DEATH —*Word from Farm Workers Committee*

What are the major health hazards of U.S. farm laborers? They are many and varied. Their solution lies in the program of their union, the United Farm Workers' Organizing Committee (UFWOC). This is merely a surface account of the most obvious problems and it is worth noting that without having experienced the labor and conditions of life of farm workers, one is not able to conceive of the hope the union has given these people.

"Our first cause of sickness is pesticides," says Cesar Chavez. Included are the highly toxic chlorinated hydrocarbons (DDT, DDD Aldrin et al) and organo phosphates (nerve gases developed in Germany during World War II). Chlorinated hydrocarbons are long-life poisons that don't break down for long periods of time and are stored in the body's fatty tissue. The World Health Organization suggested that chlorinated hydrocarbons may cause cancer through liver damage. A Miami University study showed that a high concentration of residue pesticides exist in the liver, brains and adipose tissues in terminal cancer patients, none of whom had worked directly with pesticides.

Organo phosphates short-circuit nervous systems of insects and humans alike. They break down easier than chlorinated hydrocarbons but are extremely toxic. One of the most commonly used organo phosphates, parathion, can be fatal if one or two drops contact a man's skin. These chemicals attack enzymes in the blood vital to nerve functioning. When enough enzyme is destroyed it causes uncontrolled nerve impulses, leading to convulsions and death. UFWOC calls the disease "la muerte andando" (walking death).

In 1965 the President's Science Advisory Committee, after an extensive study, concluded that: "Environmental pollution by pesticides could be materially reduced in some cases by 1/2 with no loss in efficiency in pest control, by making use of methods already available . . ."

Another factor contributing to ill health among farm workers is lack of toilet facilities and drinking water in the fields. Women especially suffer from this, showing greater evidence of serious intestinal malfunctions and similar conditions.

The Enemy by Felix Greene states that the average work an immigrant farm laborer is able to find per year numbers 82 days. This being the case, there is a great need for his whole family to work in the fields as well. One-quarter of the migrant labor force is under 16 years of age. The average schooling is 4 years less than Anglos in this country.

Growers have 2 systems of wage determination. The hourly wage and piece work. Piece workers, like Skinner's pigeons literally, work themselves to their death. Their average life expectancy is 49 years.

Most farm workers make $2,000 a year per family. With this grossly limited amount of income, they cannot afford medical attention. In a 1969 report of the Senate Subcommittee on Migratory Labor: "Migrants are still excluded from many state health programs which have resident requirements that are impossible for migrants to meet."

Average per capita health care expenditure for immigrants in 1967—$7.50.

Average per capita health care expenditure for the total population in 1967—$200.

Death rates:

Infant mortality – 125%	higher than the total population
Maternal mortality – 125%	
Death from penumonia and influenza – 200%	
Death from tuberculosis and other infectious diseases – 260%	
Accidents – 300%	

How does the union combat these problems? First, all union fields must not utilize any "hard" pesticides (organo phosphates and chlorinated hydrocarbons). Also, wages are increased enough so that children work only on Saturdays. Toilet facilities are mandatory. Two ten-minute break periods, morning and afternoon, are also in the contracts. A constant water supply and vehicle are close by to insure the conditions for rest periods. A clinic is operated by a board of trustees including 8 growers and some union leaders in Mexicali and Delano. Patients pay no more than $2 for each visit and $1 for children under two. Pensions, guaranteed workweeks, vacations and other opportunities which have existed for most labor markets in the U.S. since 1935 are also assured them.

So what is our complaint? Still 80% of farm laborers are not unionized—this is what we're seeking.

How can you help? Don't buy non-union lettuce! And for more information on what you can do, call:

United Farm Workers Union
948 Haight Street – S. F. 94117
626-8187 or 864-5613

MEDICAL AID to INDOCHINA

For 18 years the U.S. government has waged relentless war against the land and people of Vietnam. Anti-personnel bombs have been used on civilian centers; poisonous gas and chemical agents have been used on people and agricultural land; craterization has deliberately been used to destroy the livability of the land. All of the above policies are war crimes under the Geneva Convention.

"In this year, 1971, more civilians are being killed and wounded in the three countries of Indochina, and more made refugees, than at any time in history. Most of the casualties are caused and people made refugees by American and Allied military activity."

Senate Subcommittee on Refugees,
The New York Times, April 3, 1971

"Vietnamization has brought no new restraint on the use of American air power; indeed, the trend has been in the opposite direction. In northern Laos the rules were relaxed during the summer of 1969 . . . In 1970 Cambodia was added to the list of countries subject to American air strikes. In 1970 and 1971, the frequency and scope of 'protective reaction' strikes against North Vietnam has grown. In February 1971, President Nixon announced, 'I am not going to place any limitations upon the use of air power' in Indochina."

Cornell Univ. Air War Report,
October 1971

Total U.S. air ordinance dropped in
- all areas World War II: 2 mil. tons
- Korean War: 1 mil. tons
- Indochina by end 1971: 6 mil. tons

Cornell Air War Report

Total persons killed, wounded and refugeed in Indochina *per month*
- under Johnson (1964-68): 95,000
- under Nixon (1969-Aug. 71): 130,000

Fred Branfman, *American Report*
October 1-8, 1971

Stockholm
(S.F. Chronicle–6/9/72)

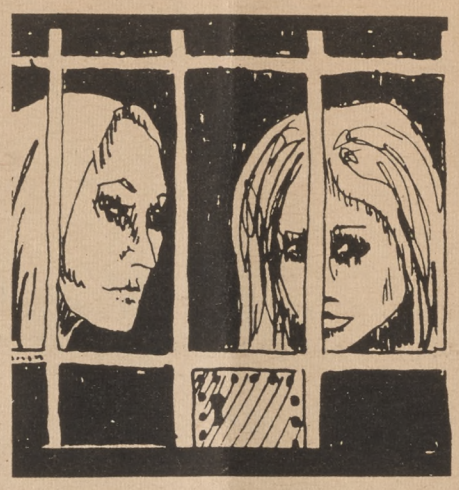
The United States was sharply criticized at the United Nations Conference on Human Environment here for causing widespread ecological destruction in Vietnam.

Swedish Prime Minister Olof Palme demanded that "ecological warfare cease immediately."

"The immense destruction brought about by indiscriminate bombing, by large scale use of bulldozers and herbicides, is an outrage, sometimes described as ecocide, which requires urgent international attention," he said.

Palme said it was "shocking" that the United States and the Red Cross have only tentatively broached the subject. "We fear that the active use of these methods is coupled with a passive resistance to discuss them," he added.

Although the majority of the people have condemned the use of herbicides and civilian bombing and demanded a complete withdrawal of American forces and an end to the ecocidal war in Vietnam, the A.M.A. has remained silent,



ignoring the destruction of the Asian people and the world's atmosphere.

The people of Indochina are not our enemies. Their civilization and culture, their freedom and independence are part of the wealth of this earth. The immediate and total withdrawal of all U.S. forces and weapons from S.E. Asia is essential to their survival. One way we can actively oppose administration policies of death and destruction is to send medical supplies to the victims of this aggression.

The MCHR at its Annual Convention in April designated the collection of money and medical supplies for medical aid to S.E. Asia as a "concrete expression of solidarity with the liberation struggles in Indochina." Organizing these collections is a "major priority" for MCHR chapters across the country.

The conduit for the funds and supplies is "MAto I, inc." set up this year by members of MCHR and other concerned groups in the U.S. Sponsors of MAto I, inc. include Congress Representatives Bella Abzug, and Ron Dellums, Doctors Benjamin Spock, Albert Szent-Gyorgyi and J. Russle Elkinton, among many others.

The MAto I committee collects money to purchase medical supplies, medical equipment, and textbooks as well as collecting the items themselves. The items to be collected or bought by the money are chosen by the government of the Democratic Republic of Vietnam and the Provisional Revolutionary Government of South Vietnam, and are sent to people living in areas of S.E. Asia *not* controlled by United States supporting forces.

MCHR chapters on the East Coast have been heavily involved in this drive for several months. In the Bay Area efforts are now underway at U.C. Medical Center, Stanford Medical Center, Davis Medical School, and others.

At the upcoming AMA convention in S.F. from June 17-22, MCHR members will be collecting funds and support from the 15,000 AMA members present. In conjunction with other health groups we will be demanding that the AMA contribute a substantial proportion of its resources for medical aid and reconstruction in Indochina, and that it use its powerful lobby in Washington DC to pressure the government to accept the Provisional Revolutionary Government's Seven Point Peace Proposal as the only way to end the war.

Contributions can be sent to:

Medical Aid for Indochina, Inc.
474 Centre Street
Newton, Mass. 02158

SUPPORT MEDICAL WORKER ON TRIAL

On Wednesday, June 7, 1972, Superior Court Judge Lional Wilson denied the Defense motion that the defendant Stephanie Kline be permitted to act as co-counsel in her upcoming trial.

Stephanie, a community pharmacist in San Francisco's Mission District and active member of the Medical Committee for Human Rights, is being charged with the possession of explosives, a charge which carries a sentence of from 5 years to life. The charge arose out of a bomb explosion in her car on January 30, 1972, though she was neither present or aware of the tragedy. Tommy Davenport, a young black man, died in the explosion. Stephanie was originally also charged with murder, but this charge was dropped for lack of evidence.

Stephanie prepared and argued her own motion. She presented legal arguments based on the constitutional guarantee of adequate counsel and appealed to the discretionary powers of the Judge.

The most recent precedent for granting such a motion is the decision by Judge Arnason in the Angela Davis case. Stephanie can argue just as Angela did that ". . . the possibility of my receiving a fair trial will be seriously undermined, perhaps even definitively foreclosed if I am prohibited from playing an active role in the defense, together and in consonance with my attorneys."

A strong argument was made regarding Stephanie's competency. She spoke of the necessity for her to personally confront her accusers because of this court system's history of sex and class bias, the inflamatory pre-trial publicity, and the purely circumstantial nature of the state's case.

Bail was reduced from $75,000 to $25,000.

The Trial is scheduled to begin August 1.

For further information, contact: The Stephanie Kline Defense Committee 282-6529.